PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/ 582877

| CLAIMS AS FILED - PART I | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | | |
|---|--|--|------------------------------------|-------------------------------|-------------------------|----------------------------------|----------|---|------------------------|--------|----------------------------|------------------------|--|
| | | | (Colu | mn 1) | ((| Column 2) | 3 г | | |) I | r omale e | | |
| U.S. NATIONAL STAGE FEES | | | | | | |] [| RATE | FEE | | RATE | FEE | |
| BASIC FEE | | | | | | | | BASIC FEE | 150 | OR | BASIC FEE | | |
| EXAMINATION FEE | | | | | | | | EXAM. FEE | 100 | | EXAM. FEE | | |
| SEARCH FEE | | | | | | | | SEARCH FEE | 200 | | SEARCH FEE | | |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = | 1 [| X \$ 125 = | | | X \$ 250 = | | |
| TOTAL CHARGEABLE CLAIMS | | | 15 minus 20 = * | | * | | 1 [| X \$ 25 = | | OR | X \$ 50 = | | |
| INDEPENDENT CLAIMS | | | 2 minus 3 = * | | * | | 1 [| X \$ 100 = | | OR | X \$ 200 = | | |
| MUL | TIPLE DEPEN | DENT CLAIM PRI | ESENT | | | | 1 | + \$ 180 = | | OR | + \$ 360 = | | |
| * If | the difference | in column 1 is | ess than zero, enter "0" in | | | lumn 2 | | TOTAL | 450 | OR | TOTAL | | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | - | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | 1 [| + \$ 180 = | | OR | + \$ 360 = | | |
| | | | | | | | ب. د | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | |
| | | (Column 1) | | (Colur | | (Column 3) | _ | | | | | | |
| IDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | | |
| AMEND | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | | |
| | FIRST PRES | ENTATION OF M | IULTIPLE DE | PENDENT | CLAIM | | | + \$ 180 = | | OR | + \$ 360 = | | |
| | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | |
| * ** | If the "Highest Nu If the "Highest Nu | umn 1 is less than th umber Previously Pa umber Previously Pai mber Previously Paic | id For" IN THIS id For" IN THIS | SPACE is les | s than '2 s than '3' | 0', enter "20". ', enter "3". | d in 4b- | | | | | | |